

NEURASTHENIA AND ITS TREATMENT



BY
HENRY Y. OSTRANDER, M.D.
BROOKLYN, N. Y.



NEURASTHENIA AND ITS TREATMENT.

Disease has been defined as a "notable disorder affecting more or less of the constituent parts of the living organism as regards either their material constitution or the performance of their functions." The disease to which I desire to direct your attention by these present remarks is a disorder affecting the constituent parts of the living organism more as regards the *performance of their functions* than their material constitution. Some years ago, a brilliant and popular medical author, when writing upon this theme, expressed the truth of the matter very cleverly in the statement that the affection was not a disease at all, but merely a condition. Probably I cannot do better, considering our limited knowledge of its pathology, than to define the subject of my paper in the following words: A nerve-weakness, a nerve-exhaustion, a nerve-debility, independent of or secondary to the existence of organic disease in some portion of the body; a functional derangement, or disorder, of the nervous system not necessarily associated with any pathological lesion. Because of the special prevalence of this nerve-affection in America, it has very appropriately been called the "American disease."

We may consider the common cause of neurasthenia, or nervous prostration, to be an inordinate functional activity of the nervous system. Incessant strain and a prolonged and persistent abuse of the mental powers, combined with depressing influences such as care, worry, and responsibility, fulfill all the conditions required for its production

Ambition, avarice, and anxiety ; laziness, luxury, and lust ;—seem to figure with about equal frequency as etiological factors. Affairs of the heart, religious doubts, and sexual dissipations, all come in for their share of the blame. But, of course, we don't all start in life with the same amount of nerve capital. The power of generating nerve-force varies indefinitely in different individuals. There are persons who, on account of congenital feebleness, are scarcely able to create nerve-energy sufficient for mere living ; such persons are neurasthenics from birth—they are born weak. So long as they are content to engage in the business of life to a moderate degree, they may enjoy a fairly comfortable existence ; but just as soon as some exigency, or emergency, arises which calls for a suddenly increased expenditure of vital force, their little reserve isn't equal to the demand and they go under !

It is usual to find the mental condition of our neurasthenic patients low-spirited, despondent, irritable, sullen, and morose. They complain of languor, lassitude, weariness on the slightest exertion, and of being tired even before they have begun their daily duties. A gradually increasing feebleness of memory and an inability to fix and hold the attention upon a single line of thought, arouses in their weakened minds the terrible apprehension of an approaching imbecility. Immediately antecedent to the final smash-up, the functional activity of the failing brain is frequently and for a short time remarkably increased ; the victim indulging in intellectual and emotional flights that surpass any previous performance, and he may seem viritably possessed of the spirit of genius itself. Wild, glorious, ecstatic exaltation ; an uncontrollable brain activity ; complete insomnia ; and collapse ;—is a not uncommon history. A deep flushing of the face, alternating with occasional pallor ; waves of heat passing over the body ; extremities cold and wet ; the slightest emotion or excitement causing

a profuse perspiration and often a sudden, copious diarrhœa ; these are a few of the signs with which every practitioner is familiar. Palpitation and irritability of the heart is the rule. Irregularity and intermittency, with an apical systolic murmur, is not an infrequent accompaniment. With such an elaborate and fairly constant symptomatology at our command, the diagnosis of this functional and subjective affection becomes a matter of comparative ease and certainty, especially when we are careful to exclude the objective symptoms of organic disease. And now I come to the consideration of the last and most important division of my subject ; namely, its

TREATMENT.

It is well for us to understand, in the beginning, that the therapeutics of this disease will be efficient and successful in proportion as it is rational and simple. Remember, you are not treating any profound, systemic toxæmia from noxious, un-eliminated ptomaines ; you are not trying to kill any colony of specific germs that may have found a resting-place in some deep-seated viscus ; there are no microbes, bacteria, or bacilli to fight ; simply an exhausted, debilitated, prostrated condition of the whole body, usually dependent upon no organic lesion or pathological process, but merely the result of overwork and disordered function.

It seems almost unnecessary to state that the first essential condition of a successful treatment of nervous prostration is the removal of the causes which are responsible for its development. For mild cases it is most injudicious to advise a permanent relinquishment of all active occupation and employment. Rest and recreation during a period sufficient for recuperation of the nervous system, followed by a gradual and moderate resumption of accustomed pursuits—is a method not only theoretically more sane, but practically more satisfactory. The three great inclusive

categories which comprehend all the special therapeutics of neurasthenia are the following: Absolute Rest, Passive Exercise, and Forced Feeding. This means that the main reliance of all treatment must be placed upon Hygienic measures. Above all, don't drug the sufferers. In fact, experience teaches that medicine is of little avail in this affection. So, leave it alone. Enforce an absolute rest in bed for a month to six weeks, if necessary. Secure a perfect stagnation of mind as well as inactivity of body. But this inactivity of body which we impose upon the muscular system for the purpose of conserving energy—for the purpose of saving strength—would nullify every benefit that the nervous system might derive were it not for the passive exercise we substitute in the form of massage and electricity. By the combination of these two purely physical applications we accelerate the return of the impure, venous blood back into the lungs for oxidation; rub the lymph-juices in the cellular tissues of the organism toward the center of the system; and obtain all the trophic, circulatory, and excretory effects of a really active exercise without requiring the least expenditure of the patient's nerve-force.

Last, but not less important, the question of

FEEDING.

Study the diet for each patient, and adapt it to the individual requirements of the case. Give all the nourishment that can be completely assimilated. A choice variety of nourishing and digestible food, prepared in small quantities, and served at frequent intervals, is the object desired. Never forget that the disease you are treating is one of debility; is one in which the vital-forces of the body are sinking, ever lower and lower, with an obstinate tendency to still deeper depression. The spark of life burns faintly—don't extinguish it. You can never restore the vitality of your patient by dosing him. FOOD, alone, contains the powers

of life. "The source of body-energy is found in the potential energy contained in the food. The FATS contain more available energy than do either the proteids or the carbohydrates."

PROF. WM. H. HOWELL, M.D., Ph.D.,
John Hopkins University.

Apparently the Food Problem resolves itself into the following question: "Which FAT shall we employ?" "Cod-liver oil is the most assimilable form of fatty food. It is highly nutritious and is easily oxidized by the system."

PROF. WM. GILMAN THOMPSON, M.D., LL.D.,
Univ. of the City of N. Y.

This seems to be a satisfactory answer.

It is not the purpose of my conclusion to enter upon any encomium of a proprietary preparation. Medical literature is already disfigured by too much indiscriminate eulogy and panegyric. Moreover, we have no right to make a certain, individual article the object of our applause and commendation if a prolonged practical experience with the same does not justify our earnest advocacy of it. What the neurasthenic convalescent requires is FAT in its most wholesome and nutritious form. This fat must be exhibited in a state of complete pre-digestion so that it will require no work whatever on the part of even the weakest system for its absorption and assimilation. This emulsion must be rendered so delectable as to be tolerated by the most delicate stomach. It must be sterile, inodorous, and not capable of decomposition or fermentation. Gastric and intestinal discomfort should never be occasioned by it. Precisely such a preparation as I have described has been

used in both my hospital and private practice with remarkably gratifying results. Indeed, I have thoroughly convinced myself by severe and repeated clinical experiments that it is the ideal, physiological preparation of genuine Norwegian (Lofoten) cod-liver oil. It is besides a most scientific, laboratory product, and is marketed under the trade name of **HYDROLEINE**. The quantity of this fatty food which I give is only limited by the capacity of the patient. It is my practice to begin its administration with only three drachms in twenty-four hours, but I steadily increase it, as toleration is established and the system adjusts itself to the excessive oleaginous alimentation, to three ounces a day. Under this Hygienic and Dietetic regimen which I have here briefly outlined, the saddest and most hopeless cases of nervous prostration that I have ever been privileged to treat have tightened their grip upon life again, and ultimately developed into happy, useful individuals. Yes, the prognosis of neurasthenia is good, but **EVERYTHING DEPENDS ON THE TREATMENT!**

THE CHARLES N. CRITTENTON CO.,

Sole Agents for the United States.

Laboratory :

115 FULTON STREET, NEW YORK.

